

ENTRY BLANK

PLEASE TYPE OR PRINT

☒ Ms.

☐ Mr. Artist

*SANDRA DeBROFF ROTH*

(Last Name Last)

Permanent

Address

*3950 SAMPSON RD., YO.*

Street

City

*44505*

Daytime Tel. ( *216 759 1105* )

Zip

Area Code

Temporary or  
Studio Address

*3450 Fifth Avenue, Youngstown*

Street

City

*44505*

Daytime Tel. ( *216 759 9378* )

Zip

Area Code

If you do not presently live in one of the counties of the  
Western Reserve, in which county were you born? \_\_\_\_\_

Collaborator \_\_\_\_\_

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense  
to this address: \_\_\_\_\_

Special Instructions

When necessary include below instructions or a drawing of how  
the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned  
Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is  
understood that the Museum will have the right to dispose for  
its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on  
exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance  
by the artist of all terms and conditions printed in the  
Entry Information.

Signature

*Sandra DeBrock Roth*

DO NOT DETACH

DO NOT DETACH

# ENTRY BLANKS

# 1

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☒ 5. Crafts

Materials

*Woven and coiled wool*

Title

*Willow Bud Sandra Roth*

Price or NFS

*NFS*

Insurance Value  
if NFS Only

*\$500.00*

Size

*4" x 36" x 28"*

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

*10 (T)*

REJECTED

# 2

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☒ 5. Crafts

Materials

*Woven, knit and felted wool*

Title

*Fusion*

Price or NFS

*\$500.00*

Insurance Value  
If NFS Only

Size

*4" x 28" x 28"*

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in Edition

Price  
Unframed

Price of  
Frame

ACCEPTED

DO NOT WRITE IN  
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

*X*

*5/9*

DETACH



1985 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

SANDRA DeBROFF ROTH

Name

3950 SAMPSON ROAD

Address

Youngstown, Ohio 44505

City & State

Zip

NOTIFICATION #2

DO NOT  
DETACH

**1**

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☒ 5. Crafts

Title

*Willow Bud*

DO NOT WRITE IN THIS SECTION

*10 (+)*

ACCEPTED

*X*

REJECTED

**2**

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☒ 5. Crafts

Title

*Fusion*

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

*X*

RETURN OF OBJECTS:

REJECTED: JUNE 4-8

ACCEPTED: JULY 29-AUGUST 3

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

This is your only receipt to claim your object(s).